FEC FORM 1

STATEMENT OF ORGANIZATION

| FORM 1 | | (See instruction | _ | N | | | | | | | |
|----------------------------|--|------------------------|------------|--|----------------------------|------------|-----|------------|------------------|------|-----|
| 1. NAME OF | | (Check if name | , | nple: If typyir | na, type | | 1 1 | Office use | only | | |
| COMMITTEE (in | n full) | is changed) | over | the lines | .9, 1, 1 | 12FE | 4M5 | | | | |
| Mississippi P | ower Company F | ederal PAC a/k/a | Ms Pv | vr Co Emp | Comm fo | or Re- | | | | Ш | |
| | | | ш | | | | | | | Ш | |
| ADDRESS (number and | 2992 1 street) | West Beach Blv | d L L L | | | | | | | | Ш |
| (Check if add | ress | | ш | | | | ш | ш | | ш | Щ |
| is changed) | Gulf | port, | шш | ш | ш | MS | L | 39 | 9 502 – | 4079 | • |
| COMMITTEE'S E-MA | VII ADDDESS | | CITY | | | STATE | • | | ZIP COD | E 📥 | |
| | uthernco.com | | | | | | | | | | . 1 |
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| COMMITTEE'S WEE | PAGE ADDRESS (U | | | 1 1 1 11 | | | | | | | |
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| 2288655843 | | | | | | | | | | | |
| 3. FEC IDENTIFIC | ATION NUMBER | | C COO | 144147 | • • • | 1 | | | | | |
| 4. IS THIS STATE | MENT NEV | / (N) OR | X | AMENI | DED (A) | | | | | | |
| I certify that I have exam | nined this Statement and | to the best of my know | wledge an | d belief it is tr | ue, correct ar | nd complet | е | | | | |
| Type or Print Name o | f Treasurer | Mrs. Allison C Al | exande | r | | | | | | | |
| Signature of Treasure | Signature of Treasurer Electronically Filed by Mrs. Allison C Alexander Date Date Date | | | | | | | | | | |
| NOTE: Submission of f | alse, erroneous, or incor | nplete information may | | | | | | | .S.C. S43 | 7g. | |
| Office Use Only | | | | For further i Federal Elec Toll Free 800 Local 202-69 | tion Commiss)-424-9530 | | | | C FOF | | |

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|----|---|---|
| 5. | TYPE OF COMMITTEE (Check One) | |
| | (a) This committee is a principal campaign committee. (Complete the candidate information below.) | |
| | (b) This committee is an authorized committee, and is NOT a principal campaign committee. (Complete the information below.) | ne candidate |
| | Name of Candidate | |
| | Candidate Office House Senate President | State |
| | (c) This committee supports/opposes only one candidate, and is NOT an authorized committee. | |
| | Name of Candidate | |
| | (d) This committee is a (National, State (or subordinate) committee of the X This committee is a separate segregated fund (f) This committee supports/opposes more than one Federal candidate, and is NOT a separate segregated | (Democratic, Republican,etc.) Party. |
| | committee. | Trulia or party |
| 6. | Name of Any Connected Organization or Affiliated Committee | |
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| L | <u> </u> | |
| | Mailing Address | |
| | | |
| | | |
| | CITY STATE A | ZIP CODE 🛦 |
| | Relationship | |
| | Type of Connected Organization: | |
| | Corporation Corporation w/o Capital Stock Labor Organi | zation |
| | Membership Organization Trade Association Cooperative | |

| Mailing Address | 2992 W. Beach Blvd. | | |
|--|-----------------------|----------------------|--------------------------|
| | Gulfport | | 39501 |
| Title or Position ♥ | CITY A | STATE | ZIP CODE A |
| Treasurer | | Telephone number 228 | 864 1211 |
| Full Name of Designated Agent Mr. Joh | n Atherton | | |
| Mailing Address | 2513 Greenbriar Drive | | |
| | Gulfport, | | 39507 |
| Title or Position ▼ | CITY A | STATE A | ZIP CODE A |
| Chairman | | Telephone number | <u>864</u> _ <u>1211</u> |

| _ | FEC Form | 1 (Re | evise | ed 02 | /20 | 03) | | | | | | | | | | | | | | | | | | | | | | | | | | | | Pag | ge 4 | 4 | | |
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| 9. | Banks or Other I | | | | | | l ba | nks | s or | oth | ner | de | pos | sito | ries | in | wh | ich | the | e co | omr | nitt | ee d | dep | osi | ts fi | und | s, h | old | s a | ICCC | un | ts, | ren | ts | | | |
| | Name of Bank, Do | eposi | tory, | etc. | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
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| | Mailing Address | | | | | ı | | | | | | 1 | | | | | | 1 | | 1 | 1 | | 1 | | ı | | | | | | ı | ı | ı | 1 | | | | , 1 |
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|---|------------------------|------------------------------------|--------------|--------------------------------|
| Banks or Other Depositors safety deposit boxes or many Name of Bank, Depository | aintains funds. | or other depositories in which the | | s accounts, rents ADDITIONAL] |
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| Mailing Address | | | | |
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| Name of Any Connected | d Organization or Affi | liated Committee | | ADDITIONAL] |
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| Mailing Address | | | | |
| Maining Address | | | | |
| | | | | |
| | | CITY▲ | STATE A | ZIP CODE A |
| Relationship | <u> </u> | | | |
| Type of Connected Organ | nization: | | | |
| Corporation | | Corporation w/o Capital Stoo | ck Labor Org | ganization |
| Membership Org | ganization | Trade Association | Cooperati | ve |

| Designated Agent | | | | [ADDITION | NAL] |
|-----------------------|----------------------|------------------|------------|------------|------|
| Full Name Mr. Stan Co | nnally | | | | |
| Mailing Address | 2992 West Beach Blvd | i. | | | |
| | Gulfport | | <u> </u> | 39501 _ | |
| Title or Position ♥ | CITY A | STAT | Έ Δ | ZIP COI | DE A |
| Secretary | | Telephone number | 228 | 864 | 1211 |

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| Banks or Other Depositor safety deposit boxes or mai Name of Bank, Depository, | intains funds. | s, holds accounts, rents |
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| Mailing Address | | |
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| Name of Any Connected | d Organization or Affiliated Committee | [ADDITIONAL] |
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| Mailing Address | | |
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| | CITY A STATE A | ZIP CODE A |
| Relationship | | |
| Relationship | | |
| Relationship Type of Connected Organi | | |
| | nization: | |

Designated Agent [ADDITIONAL]

| Full Name Mrs. Allison | n C Alexander | | | |
|------------------------|---------------------|------------------|---------|------|
| Mailing Address | 2992 W. Beach Blvd. | | | |
| | Gulfport | MS | 39501 | |
| Title or Position ▼ | CITY A | STATE▲ | ZIP COD | E 🛦 |
| Treasurer | | Telephone number | _ 864 | 1211 |

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| accounts, rents |
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| Designated Agent | | | [ADDITIONAL] |
|---------------------|-------------------|------------------|----------------|
| Full Name Mr. Mose | es Howard Feagin | | |
| Mailing Address _ | 2992 W Beach Blvd | | |
| - | Gulfport | MS | 39501 |
| Title or Position ▼ | CITY A | STATE | ZIP CODE A |
| | | Telephone number | |